



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

05 FEB 18 PM 4:55

CANDIDATE COMMITTEE
COVER PAGE

Report must be legible, typed or printed in ink and signed by
the treasurer (or designated record keeper) and candidate.

FOR OFFICIAL USE ONLY

1. Committee I.D. Number <u>69133-50</u>		3. This Statement covers From: <u>1 04</u> to <u>12 31 04</u> Mo Day Year Mo Day Year	
2. Committee Name <u>FRIENDS OF Steve Rice</u>		4. Candidate Last Name <u>RICE</u> First Name <u>Steve</u> M.I. _____	
5. Committee's Mailing Address <u>5427 Southlawn</u> <u>STERLING HTS MI 48310</u> Area Code and Phone <u>586 264-5213</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		4a. Office Sought Including District # or Community Served (If applicable) <u>CITY Council</u> 4b. County of Residence <u>MACOMB</u>	
7. Treasurer's Business Address <u>Same</u> Area Code and Phone () _____		6. Treasurer's Name & Residential Address <u>Steve Rice</u> <u>2653 Serra Dr</u> <u>STERLING HTS MI 48310</u> Area Code & Phone <u>(586) 264-5213</u>	
		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone () _____	

9. TYPE OF STATEMENT		9c. <input checked="" type="checkbox"/> Annual Statement (<u>2004</u> Coverage Year)	
9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election		9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
Pre-Election or Post-Election Statement relates to:		9e. <input type="checkbox"/> Dissolution of Candidate Committee	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____ Month Day Year		Effective Date of Dissolution _____ Month Day Year	
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper <u>Steve Rice</u> Type or Print Name	<u>[Signature]</u> Signature	Date <u>2 16 05</u> Mo Day Year
Candidate <u>Steve Rice</u> Type or Print Name	<u>[Signature]</u> Signature	Date <u>2 16 05</u> Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 69133-50
2. Committee Name FRIENDS OF STEVE RICE

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>500.00</u>	(18.) \$ <u>500</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>500.00</u>	(20.) \$ <u>500</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>640.21</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>53.10</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>693.31</u>	(23.) \$ <u>693.31</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1088.68</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>193.59</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>693.59</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>639.31</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>28.28</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 69133-50
2. Committee Name FRIENDS OF STEVE RICE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-7-04</u> Name: <u>PAUL JANKOWSKI</u> Address: <u>6850 19 MILE S. HTS 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>SELF</u> Business Address <u>6850 19 MILE ST. HT 48314</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>300.00</u>	<u>300</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-6-04</u> Name: <u>D.J. KERN</u> Address: <u>44044 MERRILL ST HTS MI 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Real estate</u> Employer <u>SELF</u> Business Address <u>44044 MERRILL ST HTS MI 48314</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>100.00</u>	<u>150</u>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-6-04</u> Name: <u>JOSEPH PLAUZZI III</u> Address: <u>P.O. BOX 5945 ST CLARE SHORES MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>MHB INC</u> Business Address <u>P.O. BOX 5945 SCS 48080</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>100.00</u>	<u>150</u>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>MHB INC</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		<u>500.00</u>	<u>500.00</u>

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 69133-50
2. Committee Name FRIENDS OF STEVE RICE

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>U.S. POSTAL SERVICE</u> Address <u>S.W. POST OFFICE</u> <u>METRO PKWY</u> <u>S. HTS MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1-04</u>	<u>37.00</u>
Expenditure #2 Name <u>OFFICE DEPOT</u> Address <u>735 JOHN R</u> <u>TROY MI 48063</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FILE FOLDERS</u> <u>ENCLOS PAPER BINDERS</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1-30-04</u> <u>2-22-04</u>	<u>17.73</u> <u>16.57</u>
Expenditure #3 Name <u>SAMS CLUB</u> Address <u>14 MILE RD</u> <u>MADISON HTS MI 48071</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ASSORTED SNACKS FOR</u> <u>CAMPAGNUS WORK GATHERING</u> Expenditure Code <u>FE CANDY-</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1-6-04</u> <u>5-30-04</u>	<u>74.53</u> <u>120.42</u>
Expenditure #4 Name <u>EASTERS SEWLS - MICHIGAN</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-19-04</u>	<u>\$100.00</u>
Expenditure #5 Name <u>OFFICE MAX</u> Address <u>37600 VAN DYKE</u> <u>S. HTS. MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINT CART.</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/14/04</u>	<u>38.15</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

404.00

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 69133-50
2. Committee Name FRIENDS OF STEVE RICE

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>OFFICE DEPOT</u> Address <u>735 JOHN R</u> <u>TROY MI 48063</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FAX MACHINE</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-29-04</u>	<u>84.66</u>
Expenditure #2 Name <u>SILVER FOX</u> Address <u>38341 Dodge PARK</u> <u>S.WATTS MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FLOWERS</u> Expenditure Code <u>GI</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/3/04</u>	<u>74.20</u>
Expenditure #3 Name <u>MICHIGAN REPUBLICAN PARTY</u> Address <u>2121 GRAND RIVER AVE</u> <u>LANSING MI 48912</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MEMBERSHIP</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12-3-04</u>	<u>52.00</u>
Expenditure #4 Name <u>America ON Line</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>INTERNET</u> Expenditure Code <u>CO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-24-04</u>	<u>24.95</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

236.84

640.24

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES